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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,962	08/22/2003	David Farrar 0	0167-482001/PT2683-US-NE	8400
26166 7590 08/11/2008 FISH & RICHARDSON P.C. SMITH & NEPHEW, INC.			EXAM	INER
			STROUD, JONATHAN R	
150 Minuteman Road Andover, MA 01810			ART UNIT	PAPER NUMBER
			3774	
			MAIL DATE	DELIVERY MODE
			08/11/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary

Application No.	Applicant(s)
10/645,962	FARRAR ET AL.
Examiner	Art Unit
JONATHAN R. STROUD	3774

All participants (applicant, applicant's representative, PT	O personnel):
(1) <u>JONATHAN R. STROUD</u> .	(3)Phyllis Kristal.
(2) <u>Thomas Sweet</u> .	(4)
Date of Interview: <u>06 August 2008</u> .	
Type: a) ☐ Telephonic b) ☐ Video Conference c) ☑ Personal [copy given to: 1) ☐ applicant	2)⊠ applicant's representative]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.
Claim(s) discussed: 1.	
Identification of prior art discussed: Niederauer WO 01/3	<u>2072, US 7,066,962</u> .
Agreement with respect to the claims f) $\hfill \square$ was reached.	g)⊠ was not reached. h) N/A.
Substance of Interview including description of the gener reached, or any other comments: <u>Discussed ways of claint</u> .	ral nature of what was agreed to if an agreement was iming applicant's structure to possibly define over the prior
(A fuller description, if necessary, and a copy of the ame allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attach	
GIVEN A NON-EXTENDABLE PERIOD OF THE LONGE	he last Office action has already been filed, APPLICANT IS R OF ONE MONTH OR THIRTY DAYS FROM THIS NTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO
	/Thomas J Sweet/ Primary Examiner, Art Unit 3774

Attachment to a signed Office action.

Us Peter and Tackment (v 0-403)

Interview Summary

Paper No. 20080806

Examiner's signature, if required

Examiner Note: You must sign this form unless it is an